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SHORT REPORT

# An Unusual Presentation of a Rare Nerve Cell Tumour

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*We present a rare case of a schwannoma in a pre/para-aortic position resembling a thrombosed saccular abdominal aortic aneurysm.*

*Key Words: Schwannoma; Neurilemoma; Abdominal aortic aneurysm.*

## Introduction

Neurilemomas (syn schwannoma) are uncommon spindle cell tumours that arise from the Schwann cell of the nerve sheath. They are generally benign[1] (85–90%) and occur predominantly in females between the second and fifth decade of life.[2] Schwannomas comprise 65% of all neurogenic tumours and the most common locations for both benign and malignant schwannomas, in descending order of frequency involve, lower extremities, upper extremities, trunk, head and neck, retro-peritoneum, mediastinum, pelvic area and rectum.[1] Large retroperitoneal schwannomas have been described in the literature.[2,3] We describe a previously unreported presentation of a schwannoma in a pre/para aortic position, resembling a thrombosed saccular abdominal aortic aneurysm.

## Case Report

A 72-year-old female presented as an emergency with acute abdominal pain. CT scanning revealed an 8.3 cm predominantly cystic lesion that was inseparable from the distal aorta. This had cuvi-linear calcification and the inferior mesenteric artery was seen anterior to the mass. This was discussed with several consultant radiologists with specialist vascular interest at our multidisciplinary meeting. Clinical and radiological findings suggested a thrombosed saccular infra-renal aortic aneurysm arising from just above the aortic bifurcation. She proceeded to surgery and at laparotomy a large, fixed, hard, non-pulsatile mass was seen arising from the anterior surface of the aorta just above the level of the bifurcation and extending down into the false pelvis. This was not arising from any visceral organ. The infrarenal aorta and proximal common iliac arteries were excised along with the mass en-bloc (Fig. 1) and replaced with a $12 \times 6$ knitted, bifurcated, gelatin coated graft.

Histopathological examination revealed a yellow, encapsulated, cystic mass with a smooth inner surface. The nodule was composed of spindle cells with admixed foamy histiocytes. The spindle cells within the tumour were S-100 positive consistent with a diagnosis of neurilemmoma. There was no evidence of malignancy. The patient made an uneventful recovery.

## Discussion

A medline search was performed using the key words neurilemmoma, schwannoma, retroperitoneum, aorta and aneurysm. Schwannomas in a pre/para aortic position have not been described in the literature. As demonstrated by this case, diagnosis may only be confirmed by histological examination, as presentation was non-specific and radiological/operative findings suggested a saccular aneurysm. Curative treatment of benign schwannomas is by complete excision as in this case. Although rare, schwannoma should be included

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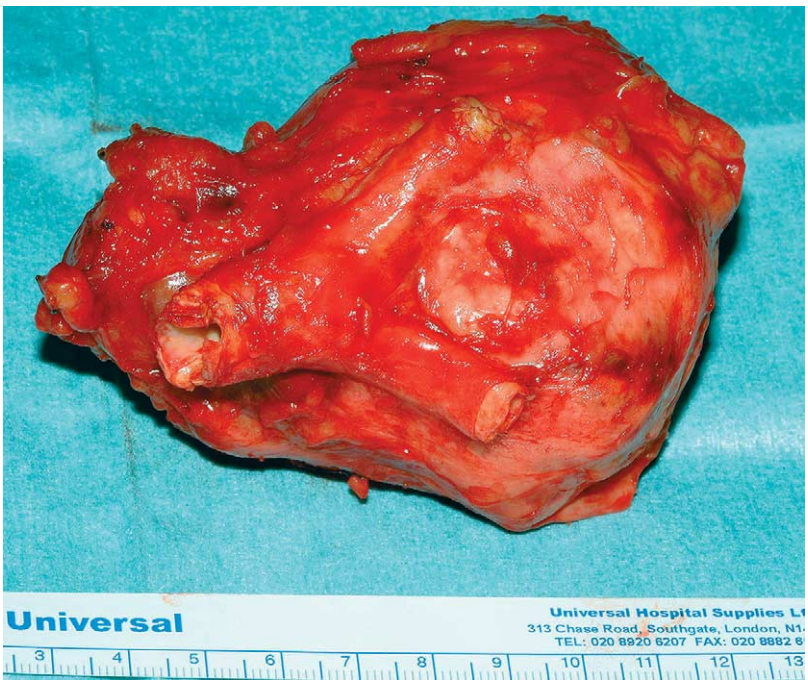


**Fig. 1.** Tumour excised en-bloc with great vessels.

in the differential diagnosis of saccular aortic aneurysm of unusual morphology.

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